

AN INCOMPLETE RECORD OF BIRTHS WILL BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

173
622

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

or Village

City

Miami

No.

718 Live Oak St.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child

Raul Montoya

3. Sex of Child

To be answered ONLY in event of plural births.

Male

4. Twin, triplet or other

6. Legitimate?

7. Date

Oct. 19-1930

5. No., in order of birth

yes

8.

FATHER

Full name

Manuel Montoya

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex

11. Age at last birthday

35 (Years)

12. Birthplace (city or place)

(State or country)

Sanora Mex.

13. Occupation

Nature of Industry

Miner

14.

MOTHER

Full maiden name

Francisca Chavarria

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday

23 (Years)

18. Birthplace (city or place)

(State or country)

Chihuahua Mex.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

2

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 8-4 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Eyrl M. Brown M.D.

(Physician or midwife)

Given name added from

a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

Oct 15, 1930

Registrar

Registrar

946-1019-631